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OBSTRUCTION OF THE INTESTINAL CANAL BY A GALL STONE.

REPORTED BY H. A. JOHNSON, M.D.

G. R. R., æt. 57, merchant, previously in good health, had, during the fall of 1874, an attack of jaundice, with some perihepatitis, from which, however, he apparently recovered. On the 30th of May, 1875, he consulted me at my office, for some difficulty of the bladder. The urine was scanty and loaded with uric acid. There was some tenderness over the region of the bladder; no abdominal tenderness, or discomfort elsewhere; tongue clean, and bowels regular. He stated to me then that his health, since his recovery from the jaundice, had been excellent; "never better," were his words. I ordered for him a diuretic mixture consisting mainly of potassa acet. I heard nothing from him again till June 6th, when I was called to visit him at his house. I then learned that the urinary trouble

was soon relieved, and that he had been attending to his business till the day before, the 5th. He had been suffering all that day from pain in the bowels. During the night of the 5th and 6th there had been persistent vomiting, and the pain, which was spasmodic in character, and located in the umbilical region, became more intense. The tongue was pointed, coated in the centre, the edges clean; the temperature normal, skin natural, pulse 75 regular, urine scanty. Bowels had not been moved since the 4th. He was very restless, vomiting frequently, and the pain had become unbearable. Mustard poultices and warm fomentations had been used, but without any benefit. I ordered a pill containing one-fourth of a grain of morphine to be given and repeated every two hours till relieved. In a

few hours I saw him again. He had found some, but not decided, relief from the pain. The vomiting continued. I then ordered the following:

R—Hydr. Chlorid. mit. gr. iv.
Sodæ bicarb. 3 ii.

M.—Ft. pulv. No. 2.

One to be given immediately, and the other in three hours. He took them both, and I think retained them, but in the evening the abdominal pain, which had never entirely ceased, became more severe. I carefully searched for hernia, and found none. I then told Mr. R. that I feared mechanical obstruction of the bowels. Injections of warm water and salt were ordered, but without any effect, and at 11 P. M. a hypodermic injection of one-fourth of a grain of morphine was given. He was soon relieved of the pain and fell asleep.

June 7th.—Has slept about four hours during the night; says he is better; "shall be all right as soon as the bowels move." The injection of water and salt was repeated, bringing away small quantities of indurated fæces. The pain returned, and the vomiting became, during the afternoon, stercoraceous. There was also obstinate hiccough; I ordered a chloroform mixture which controlled the hiccough. Dr. Byford saw him with me in the evening. We injected about two quarts—as much as the bowel would hold—of saline solution, retaining it as long as possible by mechanical aid. It came away unchanged in character. At 11 P. M. repeated the hypodermic injection of morphine, and remained with him during the night.

June 8th.—He slept some, not as much as the night before, and when awake vomited—sometimes mucus

alone and sometimes a fluid of the color and consistence of pea soup, and having a decided fæcal odor. Pain in the bowels less; but little tenderness upon pressure; not much tympanitis. Temperature has so far not been above $99\frac{1}{2}^{\circ}$ in the rectum; the skin has not been hot—is now cool; the pulse has gradually increased in frequency; was 106 at 11 P. M., last night, about 100 this morning, small and weak. At 12 $\frac{1}{2}$ P. M. with the concurrence of Dr. Byford, injected slowly as much air as the bowel could be made to hold, using mechanical aid to prevent its escape. The course of the colon was marked by great inflation, and there was a conical tympanitic enlargement of the abdomen just below the umbilicus.

As the air was expelled, about an ounce of a fluid, in color, consistence and odor like that vomited, followed it. After an hour, ordered small injections of beef tea.

At 3 P. M. Dr. N. S. Davis saw him with Dr. Byford and myself. Morphine, by the hypodermic method, as necessary to procure rest, fomentations to the abdomen, which had previously been used, as well as the beef tea injections, were continued. The beef tea was mostly retained, but what came away was mixed with a pea-soup fluid like that vomited.

June 9th—A. M.—Has been kept quiet by morphine; one-fourth grain given at midnight; has not slept much; the vomiting has been frequent and offensive; is very restless when the effect of the anodyne begins to pass off; pulse irregular; surface cool; is not able to retain even a half-teaspoonful of anything on the stomach; urine very scanty; is very thirsty. I told him to drink all the

water he wanted. He took a large goblet full of cold water and said, "That goes to the spot." Did not vomit it. Soon after he drank a tumbler full of milk, and kept that also. He subsequently took during the day both milk and beef tea by the stomach, but vomited, especially during the afternoon and evening. The urine became more copious, but the pulse continued to grow weaker and to become more irregular. Carbonate of ammonia and milk, with brandy and beef tea were given and continued during the night. Artificial warmth and stimulating applications were made to the surface, but all without any apparent effect upon the circulation. Morphine was used about every six hours in the one-fourth grain doses. He slept but little, and was very restless; intelligence perfect.

June 10th.—A. M.—Passed a restless night, but has not suffered much from positive pain. The abdomen is not largely distended, but the peristaltic movements are active and constant. The surface was covered with a cold perspiration; the features pinched; the pulse became, during the day, imperceptible; the eyes sunken; the breathing short and spasmodic. The retching and vomiting of small quantities of mucus and offensive matters continued; was extremely restless, requiring care to keep him on the bed. The morphine seemed to produce but little effect. These symptoms all continued into the night of the 10th, his strength gradually failing, and he died about 2 A. M., June 11th.

Autopsy 12 hours after death, in presence of Dr. W. H. Byford.—Abdomen not largely distended; adipose tissue abundant. Upon opening

the abdominal cavity a portion of the small intestines were found to be very dark and congested, but there was no plastic lymph upon the peritoneal surface, and but little serous effusion. The colon was empty and normal in appearance, with the exception of a portion in right hypochondriac region where it was adherent to the liver. The ilio-cæcal valve was not obstructed. The ileum was collapsed and natural in color for about four feet above the valve, at which point a large gall stone was found firmly grasped by, and plugging up the canal. Above the obstruction the bowel was distended, containing a fluid identical in appearance with that which had been vomited. There was a marked difference in the color and consistence of the walls of the bowel above and below the obstruction. Just above at several points there was commencing gangrene. Upon tracing the small intestine up, the duodenum was found firmly attached, as was also the colon to the inferior surface of the right lobe of the liver. This whole gland was small in size, and no gall bladder could be found, but there existed in the substance of the liver, at the region of the gall bladder, a cavity containing about a half an ounce of pus not colored by bile. There was a large opening, sufficient to admit two fingers, from this cavity into the duodenum. The stomach contained about a pint of fluid. No other organs were examined.

The gall stone was firmly impacted in the bowel, is an inch and a quarter in length, with its extremities slightly rounded, and measures three and one quarter inches in circumference. It is very firm, and the surface was gritty to the touch.

REMARKS.

1. Would repeated inflation by distending the bowel below and perhaps around the gall stone have aided its descent? There seemed to have been some fluid from above the obstruction escaping around it at the time, or following the inflation that was practiced.

2. The general peritoneal inflammation was much less than usually exists in cases of obstruction by biliary calculus.

3. The presence of a pus-producing cavity in the location of the gall bladder, and the ulceration of the walls of the duodenum adherent to it, seems to have produced but little disturbance to the general health, if it existed before the 30th of May. The adhesion probably dated back to the attack of jaundice and perihepatitis in the fall of 1874.

4. Was the disturbance of the urinary secretion on the 30th of May connected in any way with the escape of the calculus from the cavity found in the location of the gall bladder into the duodenum?

5. Of five hundred cases of death from obstruction, collected by Dr. William Brinton, only 4.8 per cent. are from gall stones, and of these there were four times as many women as men. Their ages were over 50 years. The gall stones, with hardly an exception, became arrested in the jejunum or ileum.

6. Of these five hundred deaths, 43 per cent. were from intussusception, 17 per cent. were from stricture, 27.2 per cent. were from strangulation, 8 per cent. were from torsion, 4.8 per cent. were from gall stones.

7. Dr. John Syke Bristow, the author of the article on "Obstruction of the Bowels," in Reynolds' *System of Medicine*, limits the possible utility of an operation for relief to cases of strangulation and intussusception. In the other causes of obstruction, he says "an operation must, from the very nature of things, be at least useless." In reflecting upon this case, the query presents itself to my mind whether it would not have been possible, by the means of a strong needle inserted through the intestinal wall below the obstruction, to have so broken down the calculus that the fragments might have passed along the bowel.

As cases of intussusception, strangulation, and gall stones constitute 75 per cent. of all cases, and as it probably would sometimes happen that in operating for supposed intussusception or strangulation, that the cause of obstruction would be found to be a gall stone, I think the effort should be made to break it down, as suggested above, rather than the abandonment of the case when the operation had proceeded thus far.

No. 4 Sixteenth Street, Chicago,
June 12th, 1875.

PHLEBITIS FOLLOWING THE HYPODERMIC USE OF ERGOT
IN THE TREATMENT OF A FIBROID TUMOR OF THE
UTERUS.

BY E. P. ALLEN, M.D., GENEVA.

ON the sixth day of November, A. D. 1871, I was consulted by Miss M. C. W., relative to a tumor that was giving her some trouble and a good deal of anxiety, situated in the pelvis, and had mounted up above the pubes.

She was forty-two years of age, and had had very good health up to a year and a half since, when she observed that her menses were very profuse and continued a day or two longer than formerly, and she felt weak and a dragging sensation through her hips and thighs that gave her a good deal of fatigue on walking.

She had suffered from dysmenorrhœa more or less since the menses first made their appearance. She was a school teacher from sixteen years of age up to thirty, and had worked at dress-making from that time to the present.

On making an examination, I found a firm tumor that mounted above and behind the pubes, of the size of a ball that is used in the game of base ball, and nearly as hard to the touch. The tumor completely filled the pelvis, resting upon the perineum, so it was with some difficulty that I passed my finger beneath and behind it. I was anxious to find the os uteri, and after a patient examination it was detected behind the pubes, and as high as I could reach with my finger, which only touched the lowest part of the os. I succeeded in passing into the

uterus a flexible sound two and one-half inches. The fundus of the uterus had fallen back against the sacrum or rectum, and the os was drawn forward and upward to the extent aforesaid, with enlargement of the uterus above and below. I was satisfied the tumor was a fibroid of the uterus, and from its general appearance, belonged to the class known as subserous, or extra mural.

I had very little faith that any medicine would be of much benefit to her, but concluded to give her muriate of ammonia, as recommended by Dr. W. L. Atlee, of Philadelphia, hoping that it might retard, if it did not arrest, the growth. She took ten grains of muriate of ammonia three times a day before meals, and three drops of Fowler's solution after meals. This was continued five or six months without apparent benefit, the tumor increasing in size rapidly, when her stomach refused to tolerate the medicine.

About this time some friend of the patient advised her to take an infusion of red clover, which was persevered in for two months, when she procured the fluid extract of red clover, which she took three months longer without benefit.

On the sixth of November, 1872, I gave her another careful examination and found the tumor had increased greatly in size, filling up the entire front of the abdomen, extending

above the umbilicus three and one-half inches. Her girth around the most prominent part of the abdomen was thirty-six inches. Her menses lasted six or seven days, and were very profuse during the whole time. I determined then to use ergot, after Prof. Hildebrandt's method.

In the evening of the same day, I gave her a hypodermic injection of Squibb's fluid extract of ergot, using fifteen drops of the ergot diluted with the same amount of water. The injections were inserted into the cellular tissue, beneath and around the umbilicus, at various distances over the tumor. They were always followed by considerable smarting, with a little swelling of the parts where they were introduced, which lasted several days.

After one week the dose was increased to twenty drops, and glycerine was substituted for water to reduce the ergot to lessen the pain when introduced, but the patient could detect no benefit in the relief of pain by the use of glycerine, and water was again used.

The fourth day following the use of ergot, the menses made their appearance and lasted between three or four days, and were not profuse at any time. Twelve days after the first use of ergot, I measured her again and found her girth to be thirty-four inches.

The treatment was continued until she had had thirty injections hypodermically, when it had to be suspended on account of smart febrile symptoms and severe pain in the left side and hip. Her girth had shrunk to thirty-two inches. The tumor had settled so that it was apparent to her friends. Dresses were worn with comfort that had not been worn for

months, and she could walk with far greater ease. The hopes of the patient, as well as my own, were sanguine of a complete cure. At first the pain and fever it was thought would be transitory. She was ordered a saline cathartic, to be followed with Dover's powder, and hot fomentations applied over the painful region; but the pain and fever increased, and the pain extended in two or three days down the right leg to the foot. The entire limb and hip at the end of a week were greatly swelled, and the fever continued high, her pulse ranging from one hundred and twenty to twenty-five per minute. The superficial veins of the lower left half of the abdomen, hip and leg could be felt like cords under the finger. Red lines could be seen over the most superficial veins, and the parts were very painful to the touch.

It was now apparent that I had to deal with a severe case of phlebitis. A question with me was what was the cause of the disease. The above symptoms followed close after the last injection of ergot, and the pain started from that point. I had never learned that the use of ergot had produced phlebitis, but I knew very well that several authors had declared that it produced dry gangrene when it had been used in bread that contained a large amount of ergot, but this seemed to require its continuous use for some time. But none of those authors attribute the gangrene to phlebitis. Dr. George B. Wood says: "So far as concerns the direct systemic impression on the male system, it seems to be one of nervous depression, affecting both the animal and organic functions, and of course involving the heart." The action of the heart being

weak, the capillary circulation becomes suspended and hence the death of the parts.

I thought it possible, as the tumor subsided, it might have settled into the pelvis and produced pressure, causing embolism or irritation of some of the veins, which was followed by inflammation, but I was never satisfied with this explanation or idea.

The entire limb was swollen apparently to nearly bursting, and the pain was intense.

The treatment consisted in keeping the bowels open with saline cathartics during the inflammatory period. Pain was greatly relieved by one-half grains of morphine, used hypodermically twice in twenty-four hours, and sleep was produced by taking twenty grains of hydrate of chloral in the evening. The morphine gave ease, but without the use of chloral she could not sleep. Hot fomentations were kept constantly applied to the limb, enveloped with a warm flannel blanket.

The acute inflammation lasted about three weeks. The limb was still greatly swelled, and the skin presented a shining, tense appearance. The morphine now was used but once a day. The hot fomentations were suspended, and the limb enveloped with warm, thick cotton batting, retained in its place by a flannel blanket.

The chloral was required two weeks longer to procure sleep. By this time the tenderness had subsided very considerably. The limb was now rubbed thoroughly twice a day with the volatile liniment, and kept warm with the cotton as before. The foot was very susceptible to cold, which made it necessary to keep a warm soap-stone constantly to it. Ten days after this

the limb was bandaged with a roller bandage, from the toes to the body, and the liniment used twice a day. Quinine was given after the acute stage of inflammation had subsided, and continued until the appetite returned.

The swelling gradually subsided, but it was eight weeks from the commencement of the phlebitis before the patient could put her foot to the floor, and three months before she could walk without assistance.

It will be observed by the foregoing description that the symptoms did not differ from any severe case of phlebitis or phlegmasia dolens.

I was uncertain of its cause, but was of opinion that it was the ergot that produced it. The patient was very confident this was the cause, and was rather afraid to have it used again hypodermically.

I related the case to quite a number of physicians, among whom was Dr. Washington L. Atlee, of Philadelphia, but none of them had heard of a similar case, and were not certain that the ergot was the cause of the phlebitis, and most of those consulted recommended a repetition of it. Three months after the treatment ceased, the menses became as profuse as before, and it was evident that the tumor was enlarging again. She was advised to take one and one-half drachms of fluid extract of ergot three times a day. This seemed to check the growth of the tumor, and arrested the profuseness of the menses, but after using it three months the stomach refused to tolerate it. The medicine caused vomiting nearly every time she took it. She then returned to Fowler's solution and muriate of ammonia, and continued it three or four months, but with-

out being benefited. During this time the tumor had increased in size, and the menses were as profuse as ever. For a few months she took no medicines, and the tumor grew rapidly, and finally, despairing of getting help from any other source, she consented to another trial of the hypodermic use of ergot.

The ergot was commenced on the evening of the 13th of February, A. D. 1874, after carefully taking the size of her girth over the largest part of the abdomen, which was found to be thirty-nine inches. The tumor had mounted up within one inch and one-half of the ensiform cartilage. Fifteen drops of a solution of Squibb's solid extract of ergot was used, each drop representing one grain of ergot. The injections were used every evening, and the dose was in a few days increased to twenty drops, and continued eight weeks. The injections were most used on the right half of the abdomen, because they produced less pain than on the left, and it was apparent that the venous circulation was not as good on the left side as on the right. This preparation of ergot caused less pain than the fluid extract, and the small tumors produced by the injections were also less. The size of the abdomen did not diminish as rapidly as before, yet at the end of two weeks her girth had diminished one inch, and continued to decrease one inch every two weeks until she had used the remedy eight weeks, when her girth was between thirty-four and thirty-five inches. The menses had again diminished to their natural time and amount. I then increased the strength of the solution of ergot so that one drop represented two grains of ergot, with the hope that it would

operate more rapidly upon the tumor. This strength caused a good deal of pain. The right side becoming quite tender, I used an injection on the left side about two and one-half inches below the umbilicus, and about the same distance from the median line. This caused so much pain, to relieve which cold applications were applied over the parts to prevent inflammation if possible, but in two or three days it was apparent that an abscess would form, after which warm fomentations were used until pus was formed and suppuration took place. During this time the use of ergot was suspended, which was fifteen days, when it was again used in the strength as at first; but was continued but ten days when it was apparent from the pain and enlargement of the veins over the right and lower half of the abdomen and hip, that there was to be a repetition of phlebitis on the right side. Vigorous means were at once adopted, hoping the inflammation might be arrested. Saline cathartics were promptly used, followed by the free use of carbonate of potass., while hot fomentations were faithfully applied, but all that we could do did not arrest it. The inflammation soon extended down the limb to the foot, and I may say that this case was a fac-simile of the case on the other side nearly two years before, only a little less severe, and the swelling not quite so great, yet it took quite as long a time before the patient could walk as in the first case.

It is unnecessary to give a detailed account of the treatment at this time, and I will merely say that it differed little from that used in the first case. The pain was arrested by the hypodermic use of morphine, and sleep

was obtained with hydrate of chloral. The urine was occasionally loaded with urates, and relieved with carbonate of potass. Liniments and bandaging as before after the acute stage had passed. The patient was able to walk about the middle of July last, when treatment ceased.

The last of October she consulted me again. She complained of great tightness and more or less pain through and over the region of the tumor, and profuseness of the menses. I attributed these symptoms to the distension of the muscles of the abdomen, caused by the increasing growth of the tumor, and advised her to have ergot used in the arm hypodermically, fearing a repetition of phlebitis if it was used over the abdomen.

A solution of Squibb's solid extract was used, of the strength of one grain to one drop; was inserted in the region of the deltoid muscle. Fifteen drops were used at a dose. It was inserted alternately in her arms once a day. It produced a good deal of smarting and some swelling, which was relieved by the application of a cloth wet with cold water. The treatment continued twelve days, when the

patient expressed herself a good deal relieved of her distressing symptoms, when the treatment ceased. No measurements were taken this time, for it was understood that she was not to be under treatment but a few days.

The action of ergot in producing phlebitis is a new thing to me, never having read of such action before or since, and so far as I know the case is unique.

In giving the history of the case in question, it has been my object to give the details of the use of the ergot, more than minute details of the growth and appearance of the tumor.

I submit the case to my medical brethren, without comment relative to the action of the ergot in producing phlebitis.

I have used ergot hypodermically in the treatment of congestion of the uterus, with menorrhagia, and to aid in the expulsion of polypus of the uterus, and given by the mouth in numerous cases, but never had unpleasant results follow its use excepting in the case related. Several patients have complained that it produced a weakness of the action of the heart.

TREATMENT OF FIBROUS TUMORS OF THE UTERUS BY ERGOT.

ABSTRACT OF A PAPER READ AT THE MEETING OF THE AMERICAN MEDICAL ASSOCIATION, IN LOUISVILLE, MAY, 1875, BY W. H. BYFORD, M. D.

THE publication of Hildebrandt's articles on the use of ergot in the treatment of fibrous tumors of the uterus, had for its object the solution

of the question, viz.: will ergot effect a cure of these tumors?

The analysis of one hundred and three cases, the histories of which

I have obtained from journals and correspondents, answers the question conclusively, as I think, in the affirmative. Twenty-three cases out of the whole number are reported cured; in thirty-eight more the tumors were diminished in size, and the hæmorrhage and other disagreeable symptoms removed; nineteen of the remainder were benefited by the relief of the hæmorrhages and leucorrhœal discharges, while the size and other conditions of the tumors were unchanged. Of the total number, only twenty-one entirely resisted treatment. This shows results decidedly favorable in eighty-two of the hundred and three cases. We may still further appreciate the favorable effects of the treatment, by the consideration that in twenty-one cases it was suspended, which is as great a number as resisted treatment. It is a noticeable fact that some of the cases in which the treatment was suspended, were very much benefited by it. The great obstacle to arriving at accurate results, has been the difficulty in carrying out the treatment. Not much uniformity has been observed in the manner of using the ergot. Some recommend and use it hypodermically only,* while others administer it hypodermically, internally by the stomach, and in the form of suppositories in the vagina and rectum. The principal objections to the use of the hypodermic method are, the pain inflicted by the needle, and the inflammation and suppuration which ensue in a large proportion of cases. On this account many patients who began treatment refused to continue it, and their cases were abandoned. Where there has not been too much exhaustion, or too great gastric irritability, ergot has

been given internally with beneficial results in a majority of instances, while in a few it seemed to have no influence whatever, where marked benefit had been observed when it was given hypodermically.

There has been as little uniformity in selecting the place at which to make the injection as there has been in the method of administering the remedy. The deltoid region, just posterior to the great trochanter, and the lower part of the abdomen have been the principal places selected, but it undoubtedly makes but little difference where the insertion is made. Several cases have been reported, where the injections have been made into the cervix uteri and the substance of the tumor, when accessible, with very beneficial results.

As the preparation of the medicine employed seems to have had much to do in causing the irritation, especially when given hypodermically, efforts have been made to find some form that would not produce the inflammation so often resulting in abscesses. Hildebrandt is now in the habit of using Dr. Wernich's formula for the watery extract of ergot, which according to Dr. Mundi is very similar to the solid extract of ergot made by Dr. Squibb. Most American practitioners now use Dr. Squibb's solid extract; some of them by dissolving in pure water, while others add to the water a small amount of pure glycerine. Dr. Squibb recommends a solution of this extract to be made as follows: Dissolve 200 grains of the extract in 250 minims of water, by stirring; filter the solution through paper, and make up to 300 minims by washing the residue on the filter with a little water. Each minim of this solution

represents four grains of the ergot in powder. Of this solution, from ten to twenty minims are injected once a day or once in two days. This is the only preparation I have used in hypodermic injections, and I believe it is the best we can at present procure.

There is undoubtedly great necessity in having the solution freshly prepared, as in a very short time it deteriorates and becomes more irritating to the tissues. When ergot is administered freshly prepared, it generally produces prompt effects. In most instances in half an hour the patient experiences painful contractions of the uterus. The hand applied over the organ at once recognizes the increased hardness in the mass. These contractions increase in severity for the first two hours and then continue with vigor from six to ten hours, gradually becoming less until they cease entirely. Some patients suffer so much from these pains as to refuse to proceed in the treatment, while others bear them without much inconvenience. We do not always observe these painful effects, even when the drug operates very beneficially. Sometimes the hæmorrhages are controlled as it were insensibly, and the tumor slowly decreases in size without the patient experiencing any considerable discomfort. It seems highly probable from the statements made by my correspondents, as well as from my own observations, that the benefits of the remedy are produced with more rapidity in the early part of the treatment.

The preparation used internally more frequently than any other, is the fluid extract, either alone or in combination with belladonna. Each minim of Squibb's fluid extract is

equal to one grain of ergot. Some recommend it to be given in doses of thirty drops, three or four times a day. Others believe it should be given in larger doses, less frequently repeated, as per example: one drachm once or twice in twenty-four hours. It is efficacious given in either way, but probably more so in the larger and less frequent doses. This preparation is so offensive and causes so much nausea in exceptional instances that it cannot be borne. Dr. Squibb claims that his solid extract does not offend the stomach so frequently as the fluid extract. The solid extract may be used in pills coated with gelatine. A pill of five grains is equal to thirty grains of crude ergot, and may be administered twice or three times daily.

From observation of the effects of the different preparations, I am satisfied that this is altogether the most efficient and agreeable for internal administration. A suppository for the rectum may be composed of fifteen grains of the solid extract and enough gelatine to give it size and form. I have no doubt of the great usefulness of this method of administering ergot. I think it is also quite certain that the addition of belladonna in some cases increases the curative effects of ergot, but to what extent it is difficult to ascertain. Ergot produces many good effects beside reducing the size of the tumor and affording relief of the hæmorrhages. I have seen, and some of my correspondents mention, great functional improvement in the more important organs. Some patients are relieved by it of obstinate constipation; the appetite is improved and the general health restored. This remarkable effect is obviously due to

its action on the ganglionic nervous system. In exceptional instances ergot produces very disagreeable effects, such as great heat and tenderness in the uterine region, metritis, phlebitis, vertigo, nervous perturbation, etc.

The beneficial effects of ergot may be increased by the means of auxiliary treatment. The well known alterative and sorbefacient medicines have in rare instances been credited with the cure of tumors without the aid of ergot, and it is not difficult to understand that absorption may be promoted with more certainty by the alkaline bromides and iodides, where the vitality of the tumor is first impaired by the action of ergot on its vessels and the muscular fibres surrounding it. A few, who have reported cases cured, have prescribed as auxiliary treatment the iodide of potassium and the bichloride of mercury, and quite a number have combined belladonna with the ergot. How much may be effected by judicious alterative and auxiliary treatment will doubtless be determined by future observation.

Much can be done to prevent or ameliorate the disagreeable effects of ergot in certain exceptional instances. The distressing pain caused by it may sometimes be made more tolerable by the administration of hydrate of

chloral, without very materially influencing its other effects. Indigestion, constipation, and nervous debility may be corrected by tonics, alteratives, laxatives, and stimulants given at the same time with ergot. In short, the general condition of the patient should be cared for in the same rational manner as if ergot was not being administered.

Observation seems to show that a fibrous tumor of the uterus may be affected by ergot in three ways:

1st. It is gradually disintegrated and absorbed. In this way it disappears without any violent or disagreeable symptoms.

2d. Its nutrition is so interrupted as to produce a rapid destruction of its vitality; and hence decomposition within the capsule and a semi-putrid mass expelled. This process is accompanied with evidences of inflammation of the uterus and toxæmia, more or less grave, according to the size of the tumor, the length of time between the commencement of decomposition and the expulsion of the tumor, and the vital resistance of the patient.

3d. The tumor in nearly its original condition is totally or partially expelled from the cavity of the uterus, attended with varying degrees of inversion of the organ. In this condition it becomes amenable to surgical processes for completing its removal.

Translations.

GLEANINGS FROM THE GERMAN.

BY H. GRADLE, M.D.

DR. SALE has introduced remedies into the cavity of the uterus by enclosing them in gelatine capsules and bringing them into place by means of forceps (*Allg. Wien. Med. Zeit.*, No. 19).

Guillaumet (*Journal de Ther.*, 1874, No. 3) recommends bisulphide of carbon very highly in atonic ulcers, the surface of which he paints with the same, afterward dusting on subnitrate of bismuth or starch powder, and covering it with dry charpie, according to the amount of secretion. By the rapid evaporation cold is produced, and the granulations become pale at first but soon redden, while an intense pain, lasting twenty to sixty seconds, occurs. This is sometimes followed by local anæsthesia for hours. The violent pain, however, is lost in repeated applications. Improvement occurs very rapidly, even in the most obstinate cases. — *Centralblatt fuer Chir.*, No. 20.

According to Miremond (*Journ. de Med. et de Chir.*), five to ten grammes of red precipitate ointment applied with friction, for one to two minutes, around and to the surface of a carbuncle, causes immediate amelioration and resolution within two to three days, without suppuration.

G. Marcacci (*Lo Sperimentale*, 1875, Fasc. 1) performed laryngotomy, on account of the existing dyspnœa, in the case of a little girl whose trachea

was partly occluded by a bean which had entered. The blood, however, running down the trachea, increased the dyspnœa, and all attempts to seize the bean were unsuccessful. At this moment, Marcacci, Jr. introduced a feather into the trachea, in the hope of causing a reflex expiratory effort, which really did occur, and extruded the bean. Still the child made no further respiratory movements, and only by the maintenance of artificial respiration for five or six minutes was life preserved.

A somewhat anæmic though otherwise healthy woman had suffered from an abortion two years ago, since which time a violent uterine catarrh existed, with extensive ulceration around the os. Tr. iodine, perchloride of iron, nitrate of silver, and concentrate sulphuric acid had been used in vain, until A. di' Bernardo (*Gaz. Hebdom.*, 1874) employed a solution of hydrate of chloral—two parts in twenty-five. After painting the ulcer with this five to six times, it was healed in the course of a fortnight. In two similar cases, the success was the same. B. recommends to continue the application for a few days after the ulcers have healed.

After various attempts by different physicians to render the urine acid by internal administration of different acids, which all, however, passed into the urine in the shape of neutral salts,

Gossehn and Robin recollected the peculiarity of benzoic acid, which leaves the system as hippuric acid. The same is the case with cinnamonic and salicylic acids, and the acids derived from Balsam Tolu and B. Peru. A daily dose of thirty to ninety grains of this agent has no unpleasant consequences except a slight momentary burning and subsequent dryness of the pharynx. As the drug is soluble only in 607 parts of cold water, it is best administered in a mucilage of sugar and water. In five to nineteen days, on the average about the seventh or eighth day, the quantity of phosphate of calcium, pus and blood, as well as the fetor of the ammoniacal urine of cystitis, begin to diminish gradually. The authors have arrived at the following conclusions:

1. Before undertaking a serious

operation on the urinary organs, it is advantageous to obviate, or at least diminish, the alkalinity of the urine.

2. This purpose is best attained by the internal use of flores benzols, and the balsams containing salicylic or cinnamonic acids.

3. The hippuric acid contained in the urine acts in the following manner:

a. Hippurate of ammonia is less poisonous than the corresponding carbonate.

b. Hippuric acid retards the fermentation of the urine, and hence also the formation of carbonate of ammonia.

c. It prevents likewise lithrasis and consecutive cystitis.

4. Hence the drug is indicated in purulent cystitis.—*Allg. Med. Cent. Zeit.*, No. 40.

Editorial Department.

AMERICAN MEDICAL ASSOCIATION.

THE address of Dr. Austin Flint, of New York, as chairman of the Section on Practical Medicine, Materia Medica, and Physiology, was read in the general session of the Association on the second day of the meeting, and was listened to with great attention. Dr. Flint referred very briefly to such topics in Materia Medica and Physiology as have been the subject of special investigation during the past year, including the localization of motor centres in the

periphery of the brain, the consumption of alcohol in the living animal system, and the transfusion of blood.

Concerning the latter topic he stated that, though many experiments had been performed, both in the transfusion of the blood of animals of the same and of different species, yet the results did not justify the establishment of any practical conclusions concerning the remedial value of the practice in the treatment of disease. Although he alluded somewhat at

length to the recent experiments of the late Dr. Anstie, and others, concerning the effects of alcohol and its retention in the system to the extent of six hundred grains per day, he gave no explanation of the alleged fact. It is well known that Dr. Anstie in his latest experiments on animals, claimed to prove that only a small part of the alcohol introduced into the system was eliminated again in the form of alcohol; but that an amount equal to six hundred grains of pure alcohol was capable of being taken daily and consumed in the system of an adult man, without re-appearing in the excretions or inducing any toxic or deleterious effects. And he stated that if alcohol to the extent of six hundred grains could be thus consumed in the system without either affording material for nutrition or the generation of force, it would constitute one of the most singular facts in the domain of science. Such a statement is evidently founded on the assumption that all substances taken into the system and retained, must either be added to the tissues as food, or enter into such combinations as to generate force. But is such an assumption justified by the known facts concerning the action of medicinal agents in the living system? Is it not true that the preparations of lead, mercury, arsenic, and many other poisons, may be taken in small doses, repeated daily, and much of

them be retained in the system, without inducing direct toxic effects? We had supposed it to be a well known fact in chemistry, that some substances were capable of exerting a catalytic action, in some instances by their presence retarding the combination of other substances, and in others increasing it. And we see no reason why alcohol, by its affinity for the albumen and water of the blood and tissues, may not be held in the human body in small quantities without being eliminated with sufficient rapidity to be readily detected in the excretions, and instead of being itself appropriated as nutritive material, simply act as a retarder, both of atomic changes and of the organic forces. Indeed, the playing of such a part in the animal economy, by alcohol, is in strict accordance with all the results of experience. After noticing briefly the chief topics concerning which recent investigations had been made, Dr. Flint devoted an important part of his address to the subject of the natural history of crime, with special reference to its connection with the physiological and pathological condition of the criminal. He urged the adoption of measures for a systematic investigation of the subject; and at the close of his address he was requested, by a vote of the Association, to continue his researches in this direction and embody the results in a future report.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF CHICAGO.—We understand that the Rush Medical College, of this city, has effected a permanent union with the Chicago University, and will from this time

forth be known as the Medical Department of the latter institution.

UNIVERSITY OF MICHIGAN.—The Regents of the University of Michigan have finally accepted the act of the

Legislature of that State providing for a College of Homœopathy in connection with the Medical Department. The special school is to consist of two professors, one of *Materia Medica* and *Therapeutics*, the other of *Practical Medicine*. For instruction in all

other branches the students are to attend the old Medical Department. It is reported that Dr. Sager, one of the oldest and most influential members of the regular medical faculty, has resigned. His chair was that of *Obstetrics and Diseases of Women*.

Correspondence.

A LETTER FROM PARIS.

EDITORS MEDICAL EXAMINER: The Parisians are very fond of journals. Those secular are in myriads, while those devoted to medical subjects may be counted by dozens. One can have a fresh medical journal every day, Sundays included, and some days many appear together. There seems to be no established rule for time of publishing. Certain journals make their appearance every three months, as the *Revue des Sciences Medicales*; others come every two months, as the *Archives de Physiologie*, while there are innumerable monthlies and several semi-monthlies, as for instance, the *Journal de Therapeutique*. Then there is an "every ten days" paper named the *Journal des Connaissances Medicales Pratiques et de Pharmacologie*, and we find eight or ten weeklies, among which the *Gazette Hebdomadaire de Medicine et de Chirurgie* occupies a prominent position. Shortening the dates we next arrive at the *France Medicale*, which is original in appearing twice a week. Finally we reach the *Gazette des Hopitaux* and the *Union Medicale*, which are pub-

lished three times a week. My "finally" was perhaps a little too positive, for there is a journal, the *Bulletin de la Medicine et de la Pharmacie Militaires*, that is announced "to appear at irregular dates, whenever important matter necessitates its publication." As far as quantity goes there is nothing to complain of, but, unfortunately, one can see very plainly that a consolidation of many of the now separate publications would be a great boon to the profession. The difficulty seems to be that each man of any prominence must have a journal of his own which he can control and which shall be devoted to his own ideas. This way of working of course makes the number of journals great, but each one, more or less dependent upon the writings of its owner, is obliged to be filled up with copied articles. But let us look over some of these journals. Here, for example, is the *Archives de Tocologie*, including the diseases of women and children, which is edited by M. Depaul, Clinical Professor at the Paris school. The reputation and vast experience of the

Professor insure a certain number of valuable and instructive articles, but one hardly cares to subscribe for a journal largely dependent on the writings of one person. On the same subject there is another publication, also monthly, the *Annales de Gynécologie*, which is edited by Messrs. Pajot, Courty, and Gallard. The objection of personality does not apply so strongly to this journal, although one naturally regrets that it lacks the support of the clinical professor. To keep well posted one is thus necessitated to subscribe for both journals. Another branch is well represented by the *Bulletin General de Therapeutique* of Professors Behier, Bouchardat and Dolbeau, and by the *Journal de Therapeutique* of M. Gubler. Each of these journals is as a rule well supplied with original and instructive articles, and the latter, though only in its second year, is justly popular. M. Gubler is regarded as possessing a thorough knowledge of the state of therapeutics at the present day, and his articles and lectures on this subject are certainly without superior in France. However, the necessity for his enlarging the number of journals is not apparent, and the objection of personality still holds good. To get his articles one must make room on his already crowded table for another journal. Viewing the mass of publications, the wish is only too natural that the good might be condensed into half a dozen, or indeed a dozen, journals, as in this way might be saved a vast amount of paper, time, and patience, to say nothing of the smaller item of money. But to continue, students are rather partial to the *Progres Medical*, a weekly that gives considerable space to informa-

tion on changes in the hospital services, and such other news as students are interested in. Mentioning this journal reminds me of a great difficulty that a stranger always meets with in visiting the Paris hospitals. The buildings are so extensive, and the wards so numerous, that it is almost impossible to find any particular service without a guide. There is no bulletin board to aid one, and many times the visit is made and the morning wasted without one finding the object of his search. The *Progres Medical* has had the enterprise to publish, at the opening of the winter session, what is called a "student's number," in which the location of each hospital is printed, with the names of the attending physicians and surgeons, the names of each of their wards, and also, as far as possible, the days and hours of lectures. With this in hand, one can make a hospital visit with some confidence. By procuring a copy of this number, at the office of the journal (6 Rue des Ecoles), the medical visitor will save much time, as I can guarantee from sad experience. Most every one reads the *Gazette des Hopitaux* or the *Union Medicale*, the two tri-weekly journals. The former has under its proper title the words, "La Lancette Francaise," but it is rather an insignificant affair when compared with its London rival (sic). However, this journal has a very firm footing, and occupies a prominent position. As its name shows, the articles that it contains are on cases and lectures of the hospitals, and, though not too prompt as to time, one can get a very fair idea of what is going on in the public service of Paris by reading this paper. The *Gazette des Hopitaux*

is reliable, and all its editorials are conservative, as representing, so to speak, French medical opinion authoritatively. Of course, with so many medical publications, there is a great demand for material to print. One subject is common property—that is, the reports of the various scientific societies. Nearly every number of each journal gives a goodly space to these reports, and the editorial page is generally devoted to consideration of discussions in the Academy. The journals that appear at longer intervals as a rule have one or more original communications, but under this head are found quantities of articles by the internes of the hospitals. The weeklies and tri-weeklies are sometimes hard pressed for material, at least apparently, and their pages are filled with essays that would be interesting to the general public. This is not so bad a way after all, for one finds in his medical journal interesting reading on history, travels and events of the day. The *Union Médicale* has a "Feuilleton" that nearly always contains some amusing and well-written article, though the choice of subjects is very varied. One day we find an account of transactions in the French school in 1600 or 1700; another day an essay on women-doctors, while in the number I have before me there is a criticism on the paintings in the exhibition that is now open (Salon of 1875). The writer keeps in mind that his article will be read by medical men, and therefore treats his subjects from a medical stand-point. He criticizes the portraits of physicians, of which there are many in the exhibition. Nor is the writer mild in some of his criticisms. Mentioning the portrait of a

certain French doctor, he writes: "It is signed by an American name, which I prefer not to mention so that I may be more at ease in saying how horrible I find this portrait." Then he discusses the particular defects that he finds in this subject. However, he does not limit his severity to the work of the American, but writes of one work of art as follows: "Another painting, numbered 337, and marked 'Venus,' is interesting to pathologists. This large woman, red and naked, but whose nakedness does not seem to embarrass her, is troubled with several diseases, the nature of which it is possible to determine approximately. The swelling that deforms the right thigh, and seems to place the buttock as high as the loin, the turning inward of the lower limb of the same side, and especially of the foot, indicate perfectly that there is a coxo-femoral luxation of the ilio-ischiatic variety. The left leg, on the contrary, is arranged in such a way that the inner side shows to the front while the thigh of the same side rests in the normal position. Was there a luxation of the knee of this side which has left after it this singular change in the respective position of the vertical axes of the two segments of the lower limb? These lesions are doubtless explained by the lymphatic character of this unhappy Venus." In this style he reviews the works of art in the exhibition, and his criticisms are generally very just, as any one would admit after viewing the paintings.

The general appearance of the medical journals of this city is by no means handsome, and everything seems arranged with a prominent idea for economy. Yet the subscription

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price is not, as a rule, low, and one has to pay from fifteen to thirty francs (three to six dollars, gold) a year for each journal, which is proportionally much more than we pay in the United States, where the expenses are so much greater. French journalism, whether medical or secular, is "sui generis," and is not imitated by other nations—shall I add, fortunately?

When Professor Pajot launched his thunderbolt against the use of anæsthetics in natural labor, it seemed as though the quietus had been given to discussions on this subject among the physicians of France, but now there appears in the *Annales de Gynécologie* for May an article by Dr. Chouppe on the advantages of using the hydrate of chloral in labor. The writer starts off with an half-apology for writing on this subject at all after the essays of M. Campbell and Prof. Pajot (particularly the latter's), and states that he does not intend to discuss anæsthetics in general, but merely desires to show the most recent experiences with the chloral under the circumstances mentioned. He gives to M. Ore and to Prof. Vulpian the credit for demonstrating the anæsthetic power of chloral, although he admits that England, "the country of obstetrical anæsthesia," was the first place where chloral was given during labor. An examination of the dates that he records—1870, the year when Dr. Lambert first published his results in Edinburgh; 1872, the year of the first trial in France, and 1873, 1874, the years of Messrs. Ore and Vulpian's experiments—such an examination shows that France has as little to claim for this procedure as for other anæsthetical advancements. Dr. Chouppe gives at length the his-

tory of twelve cases, five of which appear for the first time. Following these histories is a table of thirty-seven cases collected from different sources. Among other data this table records the condition of the os uteri when the chloral was given, the amount of the drug that was exhibited, and the results of its use. In twenty-nine cases the anæsthesia was complete after the use of from two to eight grammes of chloral. Three cases are recorded as showing no signs of anæsthesia after doses, in the respective patients, of six decigrammes, four grammes, and eight grammes. "Prolonged anæsthesia" was produced in two patients after the use of twelve and sixteen grammes, while the other cases are recorded as having shown a momentary or partial anæsthesia. To prove that chloral does not interfere with uterine contractions, Dr. Chouppe gives the details of one experiment on a bitch. The abdomen having been laid open, so that the uterus could be easily examined, the contractions of the latter were tested, and then two grammes of chloral were injected into the intestine. Contractions of the uterus remained as before, and the same was the case after a second injection of two grammes, although the animal was completely insensible.

In a long resume of the question, the writer announces that chloral gives relief from pain to the woman in labor without interfering with uterine contractions, that it does this with no danger to mother or child, that it is chiefly indicated in tedious labors and with primiparæ, for the nervous and the hysteric. Without trying to furnish a definite rule, he mentions that the best time to give the chloral is

when the os has dilated and the expulsive pains have commenced. The only objection to giving the drug during the process of dilatation is that the woman must be kept under the influence of the chloral for a long time. For counter indications in its use he refers the reader to the works on therapeutics, but states that a great number of the supposed counter-indications are only imaginary. In general he considers from two to four grammes sufficient, and recommends that it be given either in two doses, with an interval of half an hour, or, for less rapid effect, one gramme every fifteen minutes. When there is any difficulty in giving it by the stomach, it can as well be given by the rectum. He hazards the opinion that chloral may have disinfectant qualities, and believes that much is yet to be learned regarding such qualities in this drug. On the whole, this article of Dr. Chouppe does not contain much that has not already been worked up in other countries, but, as it will insure the knowledge of these facts in France, its publication will be in no way out of place.

Another new remedy has made its appearance, and is now trying its powers on the inmates of some of the Paris hospitals. The last number of the *Journal de Therapeutique* contains a communication from Dr. Henry Blanc, of Bombay, and this article is entitled, "Notes on the External Use of the Powder of Goa for certain Diseases of the Skin." The nature of the powder has not yet been fully decided, for Dr. Blanc writes of it as follows: "It is a veget-

able substance, but its origin is still enveloped in mystery; it is fabricated at Goa, and by some it is thought to be from a kind of lichen that is exported in large quantities from Mozambique; others believe, and among them Professors D. S. Kemp and Attfield, that it is from the dry pith of a tree of the Coesalpina order. A large quantity is imported into India, and as only a few grammes are needed to cure an acute attack of herpes circinatus, the natives use a great deal of it." The Doctor narrates his experience with the Powder of Goa in treating "ring-worm," and writes that when all other remedies had failed, he was with this powder able to cure in a few days all the many cases that he had in charge. The manner of applying the substance is very simple. After moistening the diseased surface, the powder is rubbed in by the finger. For internal use an infusion and aqueous extract are made, but Dr. Blanc does not give any details concerning its value when used in this way. Analysis shows that the powder contains a very large quantity of chrysophanic acid. This acid, with certain resins and a bitter principle, are thought to contain the therapeutic principles of rhubarb. From this Dr. Blanc believes that the Powder of Goa may become a rival of that drug. M. Gubler has received a quantity of the powder, and is experimenting with it at the Beaujon hospital. We will have to await the result of his observations.

C. C. MATTESON.

PARIS, June 2, 1875.

Society Reports.

CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

REGULAR MEETING, JUNE 14TH, 1875.

Reported by E. Warren Sawyer, M.D.

VICE-PRESIDENT Dr. Hamill in the chair.

Dr. Warn read an abstract of Dr. Byford's paper on the treatment of uterine fibroid tumors by the use of ergot. The paper contained an interesting consideration of the kind of tumor which was most amenable to treatment, the form of ergot most eligible, and the best manner of administering the drug.

Those tumors situated most nearly to the mucous surface are the most favorable for this treatment, though in one instance which was frequently examined by Dr. Byford, a polypus, with a long pedicle attached to the upper part of the cervix, but projecting into the vagina, was seen to decrease rapidly in size under the influence of ergot.

Squibb's fld. extract of ergot is the most reliable for internal use, and the solution of the watery extract of ergot in glycerine, as suggested by Dr. Way, is the most eligible mixture we now possess for hypodermic injections.

Dr. Byford selects the internal administration of the drug; giving a fld. drachm, three times daily, the treatment to be kept up for months, according to circumstances. In some cases, the combining of the drug with belladonna increases the good effect. The hypodermic use of the drug is

not usually painful, nor do abscesses commonly follow; thus Hildebrandt says that in one thousand subcutaneous injections not one abscess resulted.

The paper contained an account of many cases of this use of ergot, some under Dr. Byford's observation and others under the care of various observers throughout the country, who had communicated the results to him. In all, 103 cases had been reported: in twenty-three instances the tumors disappeared entirely; in thirty-eight it was diminished in size; in nineteen the hæmorrhage was arrested and the patient relieved, while only twenty-one resisted entirely the effects of the treatment.

Dr. H. A. Johnson reported a case of intestinal obstruction, in which after death a gall stone was found blocking up the small intestine.

Dr. A. Reeves Jackson exhibited to the society two sizes of a new vaginal speculum, and made some remarks upon the same. The instrument is a single-bladed Sim's speculum, the blade being flattened somewhat and shorter. It is designed to be introduced into the vagina over the posterior commissure, and with it the perineum dragged backwards; in this way the vagina becomes inflated and, because the patient is upon her

back, the os and cervix are low down and very near the vulva. Over Sim's instrument it has the advantage that the patient is upon her back (in the lithotomy position), which is much more favorable for anæsthesia. Sar-

gent, of this city, has made the instrument of a new alloy, which has the appearance of gold, admits of a fine polish, and which is almost unaffected by acids.

Gleanings from Our Exchanges.

BIOMETRY.

BY MOREAU MORRIS, M.D., NEW YORK.

From the Sanitarian, July, 1875.

FROM the earliest history of medicine there has always been recognized an indefinable something inherent in the human system, varying in degree and force—this has been variously designated the “tenacity of life,” the “tolerance of disease,” the “natural vigor of constitution,” the “vis medicatrix naturæ,”—by which some individuals seem to be able to endure and pass successfully through the most serious of maladies, or the most severe injuries, without succumbing. Many instances might be enumerated in illustration, but every practitioner will readily recognize such examples in his own experience. How often persons have recovered after injuries, gunshot wounds, and exhaustive diseases, who, at the time, to all human foresight, seemed beyond recovery.

There is some inherent principle which mysteriously sustains life through these severe onslaughts. We must recognize a “vis preservatrix” and a “vis a tergo.” What this force consists of neither Anatomy, Physiology, Pathology, Microscopy, nor Chemistry has been able to elucidate. We know that man inherits vital properties which are in force from

conception to death; that his various components are endowed with lifetimes of variable duration; that, like other living things, some parts decay and perish before others in regular succession. One day we see the plants beneath our feet spring up, throw out their green leaves and budding flowers, all endowed apparently with vigorous blooming life; and in a few months, or perhaps days, their flowers, leaves, and stalks fade, wither and die. These are but prototypes of man. He springs up, flourishes for a time in full vigor, and one by one, his discerning organs fail, until at last his physical entity ceases. The vital property has ceased to carry on its secretive power in one organ after another, until it can no longer sustain life. It is not within human ken to describe this vital property.

God breathed into our bodies life, which proceeds under the various laws of our being, so long as they are not violated, until the human machine wears out. It is within our power to cut it short, but not to prolong it beyond its natural inheritance. We can study its processes, observe the laws which govern it, judge of its force approximately, see its manifes-

tations, and estimate its probable period. There are certain *uniform indications* by which we may judge of man's *probable life-time*. Some are *endowed* with short life, some with a probably long and healthy life.

Inherited tendencies, habits of living, occupations, observance of sanitary law, and residence—all have their direct bearings upon the question of longevity. Acute diseases, accidents, etc., have their life-shortening influences. All of these must be studied in their various relations to length of life.

The study of biometry is comparatively of but recent date. Like every other science, its study involves labor and care; statistics are to be collected and compared, its rules and laws elucidated and fixed, to make its practical application of value. When these laws become understood, their application is readily recognized. In medicine, in life insurance, in business, in social life, in a higher elevation of mankind generally, both physically and morally, the application of the science of biometry will be found invaluable. The laws of natural selection, by which physical perfection may be attained, will find in its exposition the true guide-posts by which to accomplish that much-desired result. Intuitively we all apply its principles, even without, perhaps, being able to analyze the reasons for our judgment. The physician, by observation and long force of habit, is constantly applying its fundamental truths. He sees nature asserting and exhibiting wonderful endurance and adaptation under the most adverse circumstances, yet he is unable to define or explain the reasons.

In every-day life we constantly apply its principles in our intuitive estimation of our fellows; we judge of men's qualities or adaptation for certain kinds of business without system or explainable method.

To Dr. T. S. Lambert, more than any other man, belongs the credit of having studied and reduced to a scientific basis the development and application of this instructive and

interesting science. During many years of close application and observation he has fortified its truth by thousands of examples, and so simplified its practical application to the business of life-insurance, that its laws have become the fixed data in estimating the probabilities of life's period; and as this business, when scientifically and successfully transacted, very largely depends upon a correct estimate and judgment of the probable length of any proposed life, as a matter of security and equity, its application in this direction has already, in the company with which he is connected, reduced the hazard of the business to one of great certainty.*

The laws of biometry are abundantly illustrated by heredity. The histological characteristics of persons when studied under these laws present the most convincing proofs of the status of biometry as a true science. In the examination of the ancestral histories of thousands of individuals, the deductions therefrom establish the fact that certain measurements can be relied upon almost infallibly, by which to read backward from the person the life characteristics of the ancestry, and hence inversely to determine the individual's life probabilities. So, when we find a person presenting these general measures in due proportion, we may judge, almost invariably, of his powers of resistance or natural vitality. If so be he is descended from a healthy, long-lived stock of both parents, almost without exception it will be found as a rule that he is both healthy and long-lived, able to endure much hardship, resist grave maladies, and to recover from the most serious injuries and great nervous shocks.

* The former method of basing the cost upon the general average death rate of all mankind, as deduced from various experience tables, has, in that company at least, been discarded, and the results already accomplished by the application of this science to the problem has created the greatest astonishment in the life insurance world. Death ratios, from having been ten to twelve per thousand among selected lives, are reduced by this method with almost absolute certainty to less than four per thousand; hence the direct pecuniary benefit to the world, as respects life insurance, is more than three-fold as regards the proper cost to such risks.

Again, it is found from observation that where there has been long and vigorous ancestral stock upon one side, with perhaps short life engrafted from the other, such person will arrive at a period of partial decline, with ill health, and subsequently recover, living on and beyond this deflection, being sustained by the vitalizing, secretory influences of the longer-lived ancestor. A moment's reflection will call to mind many such instances, as when persons have remarked that at a certain period of their lives they were suffering from some special disorder, from which, after a period, they have seemingly entirely recovered and enjoyed sound, robust health.

That longevity is a resultant of heredity no one will dispute, and that it does not wholly depend upon race, climate, mode of life, or special observance of sanitary law, is also a self-evident fact. Those who have inherited it can, seemingly with impunity, almost defy all sanitary law, and yet continue to live up to and beyond the allotted limit of "three score years and ten," while those who have not inherited long life cannot by any system of life, or observance of the laws of health or process of prolongation, protract their naturally short-lived inheritance. Of course we must admit that abuse can and does shorten the lives of the naturally long-lived, and acute disease or great injuries cut them off suddenly; but the rule holds good that the naturally long-lived inheritance affords that innate power of resistance which will carry them through disaster and disease that will certainly destroy the naturally short-lived.

The probably short-lived may be equally healthy and robust, and able to endure almost as much, while that life lasts, as the longer-lived, yet it seems to be the fact and nature's law, that the period of existence has had its set limit beyond which no process of prolonging can avail to carry it beyond the allotted period. The discerning elements of the vital organs have their limits, and hence control

the existence of the whole organism. We see this illustrated in almost every organ of the body; certain parts cease to perform their functions, die out; and, so long as these are not vital, life continues, although it may be in a restricted sense — as, for instance, persons become bald, or partially so, at a certain age; they say the same occurred in their ancestors at about the same age; others find their digestive powers failing and remark the same thing as having occurred in their parents or grandparents. The secretory vitality of these parts is then seen to follow the law of heredity.

Without an inheritance of long-lived secretory powers it is in vain to expect any great degree of longevity in the descendants.

In estimating the probability of a life-time, it is entirely useless to depend upon the general average of human life. This rule holds good only as respects human life at large, and therefore we must look beyond life statistics to sum up the problem. *With the duration of individual life general average holds no command.* Ancestral longevity will not obey the general average law, but defies death in many shapes, holding on tenaciously until the machine, actually from rust and the interstitial deposits of years among its most delicate parts, wears out. * * * * *

Dr. Lucas, in his *Traite Physiologique et Philosophique de l'Heredite Naturelle*, remarks as follows: "The average of life plainly depends on locality, hygiene, and civilization; but the *individual longevity* is entirely exempt from these conditions."

"Everything tends to show that long life is the result of an internal principle of vitality which privileged individuals receive at their birth. It is so deeply imprinted in their nature as to *make itself apparent in every part of their organization.*"*

The foregoing statement of Dr. Lucas is also quoted with emphatic approval in a recent work on Heredity, by Ribot, of whom Dr. Lambert

* The italics are ours.

remarks that he "may be justly regarded as the ablest of European writers upon this subject."

This interesting and practically important idea of the different lengths of life is well illustrated in the hair glands on different heads, not only, but on the same head. Some hair glands inherit a life of ninety years, while their fellows terminate their inherited longevity at twenty years or under. * * * How often we see baldness follow ancestry, even in quantity and position; and the question cannot be avoided, Does not analogy legitimately argue that a similar condition should be expected in every other organ of the body possessing a community of glands?

It is not enough that we analyze the appearance of patients, so that we can discern which *organs* are affected; but we should be able to recognize to what *extent* they are impaired, how large a *portion* of them has reached the natural terminus of the longevity belonging thereto, and which is bound to die then and there. If this portion is large enough, and belongs to a sufficiently vital organ, to commit homicide upon the other organs of the body depending for life upon the dying portions, it matters not how long-lived the other portions or the other organs may be by inheritance, they must then and there die from inanition. Marasmus is an apt illustration of a homicidal death by this method.

In such cases there will be at first a general appearance of much vigor, and a man of but little observation would be likely to prognosticate recovery, not remembering that the chain is never stronger than its weakest link. We must observe the weak spots. Then shall we find that many more deaths are produced by natural, unavoidable causes—namely, the termination of the inherited naturally short life of some organ or portions of it indispensable to the continuance of the whole, than we usually have supposed; whilst again many recover from severe attacks on account of the inherent longevity of such a propor-

tional part of the diseased organ that there really was no danger of dying, even under the worst kind of treatment. These suggestions account for the apparent success of quacks and ignorant pretenders. * * * By instituting comparisons, or observing certain general configurations uniformly found in a very large number of individuals, it has been found that certain universal conditions pertain to the long-lived and to the short-lived exclusively. These are found in the size, shape, proportion, color, and capacity of all parts of the body.

Thus we can compare persons descended from long-lived with those from short-lived ancestors, and notice the differences which, as a practical fact, are *found to be well-defined*; for example, the following: the comparative size and shape of the head; the colors of its external components, as hair, beard, eye-brows, eyes, shape and size of nose, lips, chin and features in general, and their comparative relative measures; the trunk with its relative proportions. It may be here remarked that the *length* of the trunk has even a more important significance than the circumference; for when the proportion of the trunk is in excess of one-third the height of the figure, we may be assured of corresponding great life, tenacity and capacity. A comparatively long trunk gives us a form that affords room for the functions of respiration and digestion, the two most important life-sustaining functions of the whole organism.

Given good respiratory capacity and good digestive apparatus, may we not prognosticate a healthy, vigorous constitution?

In looking over these indicative points, even in the sick, we need also to inquire into ancestral characteristics. What has been, not the average, but the special duration of the antecedent lives of the individual's progenitors? What were their peculiar diseases, family diseases, so called; and of what diseases, and at what ages, did they die, if dead?

Here lies the clue to the factors of

the disease under observation in any given case.

By observing and applying the laws of biometry in the treatment of disease, the medical man places himself in the front rank of the benefactors of mankind, and he is also thereby enabled the better to apply the great laws of hygiene. Observing the temperament, the tendencies to some special form of disease, the predispo-

sitions, he is qualified to extend his warning advice regarding occupation, residence, and habits of life, and to suggest at what periods of life may be expected certain ailments, and the necessary precautions to avoid, if possible, their worst effects.

Thus, in applying the laws of biometry, we may not only be useful to our fellow-man in curing disease, but also as conservators by our forewarnings.

QUINIA AS A STIMULANT TO THE PREGNANT UTERUS.

BY ALBERT H. SMITH, M.D.

From Obstetrical Journal of Great Britain and Ireland, June, 1875.

THE active discussion carried on for several years past as to the effect of quinia upon the gravid uterus, and especially the diversity of opinion among observers, make it desirable to bring forward any facts which may tend to place the remedy in its proper position in the materia medica of obstetrics. Having for several years, and more carefully during the last few months, noticed the action of quinia during the various periods of pregnancy and parturition, and having been enabled to draw some practical conclusions of no little value to myself, I have thought that, perhaps, a brief statement of my results might be of interest to the College.

I. As to its effects upon the uterus in a quiescent state, I have, of course, only been able to make observations incidentally, giving it for the treatment of constitutional affections arising in pregnant women. But I think the experience under such circumstances is quite sufficient to establish the fact that quinia has no power in itself to excite uterine contractions. Since the subject has first been agitated, I have at many times had under care pregnant women, with disease of malarial origin, to whom I

have administered quinia sulphate in doses varying from twelve to twenty grains in the twenty-four hours, without the slightest manifestation of any disturbance of the uterus; still further, I have had cases in which, with symptoms of malarial poisoning, the pregnant uterus had already become disturbed; where there were pelvic distress, tenesmus, and sacro-lumbar pain of a paroxysmal character, and where I have administered quinia in large doses, as before mentioned, with the happy result of relieving the constitutional symptoms, and at the same time of quieting the local pains. The cases could be given in detail, if time allowed; but having no points of interest, except the single facts already mentioned, it would be useless to occupy the time of the College with them.

II. As to the effect of quinia upon contractions of the uterus developed prematurely, from accidental causes, in abortions or early deliveries, my observations have been too limited to establish any positive results; but in five cases I have administered fifteen grains of the sulphate, after the process had advanced beyond the possibility of arrest, and the pains were recurring with regularity, and in none

of these instances did I observe any increase in the frequency or efficiency of the contractions, or, when there was hæmorrhage, any lessening of the flow.

These observations, so far as they go, would forbid our placing quinia in the same rank with ergot, as an excito-motor stimulant with specific effect upon the uterine muscular fibre; for we know, from the experience of all observers, that ergot will not only increase the expulsive efforts of the womb when already excited, in any period of pregnancy, and in the early stages of hæmorrhagic abortion diminish the flow of blood by causing a condensation of the uterine fibre, and a partial closure of the open vessels from which the placenta has been detached; but that it will also throw the uterus into active contraction from a state of entire rest. In a case under my care recently, when I found it necessary to bring on labor for the expulsion of a dead fœtus, I failed to arouse the uterus to action by any of the ordinary methods in use, until I began the regular administration of ergot in full doses, when a prompt effect ensued.

III. When the uterus is in normal labor at full period of gestation, then we have quinia playing its legitimate part as an aid to parturition; and it is with special reference to its use under these conditions that I have brought the subject to your attention. For a number of years I have been in the habit of using quinia occasionally in cases of marked inertia during the stage of dilatation, in combination with other remedies, such as the administration of diffusible stimulants or hot drinks, abdominal friction, or any other means that might suggest itself in preference to the use of ergot, which, with its dangerous influences upon the child and its occasional fearful risk to the mother, and with its annoying uncertainty of action, I have long since proscribed, or at least limited, in its use during the first and second stages of labor, to rarely exceptional cases.

But for a few months past, I have

been experimenting with sulphate of quinia as a promoter of normal labor from the onset of the process, and the observations, although made in a limited number of cases, show a uniformity of results which I think does not admit of the supposition of a mere coincidence. Since I began the use of the quinia, I have had under care forty-three patients of my own, besides others whom I have seen in consultation, and the experiments have been made upon forty-one of my own, and one of those to whom I was called; of the other two cases of my own, one was a case of placenta prævia allowing no delay for experiments, while the other was completed, and the uterus in a state of firm contraction upon the placenta before I reached the patient; all of the cases to which I was called in consultation, except the one mentioned, were cases requiring forceps or other mechanical interference, in which I had nothing to do with the case before or after such aid was rendered. I mention these points to show that the forty-two cases upon which my conclusions are based were not selected, but were in the ordinary run of every-day practice. To each one of these I administered at my first visit, after actual labor-pains had begun, fifteen grains of sulphate of quinia in one dose. In every case I observed within fifteen minutes, a decided increase in the frequency and vigor of the contractions, a rapid progress of the labor, and where there was no obstruction, a speedy termination. In ten of the cases there were delays arising from malposition, from deficiency in size of the pelvis, or from disproportion of the head, requiring manipulation or instrumental aid, and all of them necessarily involving tedious dilatation. The remaining thirty-two were terminated with surprising and gratifying rapidity.

Without wishing to prolong the subject by citing the details of cases, more interesting to the observer than to others, I may mention a few typical examples.

One lady whom I saw at the request of a professional friend, was a primipara, 26 years old; had been in labor since two o'clock in the night; I saw her at twelve, noon; pains at long intervals and feeble; os only slightly patulous; no decided dilatation; strength becoming exhausted; the patient was nervous and anxious. I advised the use of sulphate of quinia fifteen grains. A few minutes after its administration a hard pain came on, followed in rapid succession by others; the os began to dilate, and in half an hour the membranes ruptured, the head coming down upon the perineum in a few more pains, and just before one o'clock, less than an hour after I had first seen the patient, the child was born. The uterus contracted firmly upon the placenta, which was removed by pressure and traction; no relaxation of the uterus or hæmorrhage more than a proper amount occurred.

A patient with her sixth child, who had had long and tedious labors previously, followed always by profuse flow, and in her last by violent flooding, had been three hours in slight pain when I first reached her; the os was just patulous, soft and flaccid, the pains making no impression in dilatation; administered the same dose of quinia as above. In a few minutes the uterus was roused into active contractions, and in half an hour the labor was completed. There was no delay in the delivery of the placenta; no disposition to hæmorrhage; on the contrary, the flow very moderate.

Another, with whom in two previous labors I had used forceps to combat the effects of inertia, had been ten hours in slow labor when I reached her; the os had but just begun to dilate; the head being forced but slightly against the rim of the cervix by the contractions. I immediately administered the full dose of quinia; the pains began in fifteen minutes to increase in frequency and intensity, and in a little over an hour the foetus was expelled without any instrumental aid.

Other cases equally striking might be given in detail, but it would unnecessarily occupy space.

The conclusions that I have arrived at in regard to the action of the drug in these cases are as follows:

It increases the activity of the normal uterine contractions; the pains becoming more frequent and more intense, the expulsive power being greater, while the yielding of the circular fibres of the os is more prompt; the contractions maintaining their proper intermittent character, the relaxation and rest in the interval being complete; showing in this respect an entirely different action from the continuous spasmodic contraction caused by ergot. The efficiency of the contraction may be judged of from the fact, that in the thirty-two cases having no obstruction, although many were primiparæ, and a larger than usual proportion occipito-posterior positions, the average duration of active labor after the quinia was administered was about one hour. In a considerable number of the cases included, I had in several previous labors required to use forceps to combat inertia in the second stage.

It promotes permanent tonic contraction of the uterus, after the expulsion of the placenta. Several of the patients had had flooding under my care previously, some of them habitually, and some stated they had always had a profuse and weakening flow in all their other labors. In the whole forty-two I had not one case of flooding, and as a rule the uterus contracted firmly after the second stage was completed, and showed no tendency to relax afterward.

It diminishes the lochial discharge to a normal standard; many of the patients expressed surprise at the small amount of flow during the twenty-four hours following labor.

Its use is followed by less after-pains than usual in a majority of cases.

It reduces the frequency of the mother's pulse, and relieves the nervous demoralization so often seen in the first stage of labor.

Given during parturition, it never disturbs the brain or causes its usual unpleasant effects, even in patients who at other times are very susceptible to its influence. Although the dose has been uniformly fifteen grains, in only one case was the slightest sensation of cinchonism manifest, and that lasting only a moment, in a lady who knew what she had taken and was perhaps quite prepared to feel it.

Finally, I would sum up the conclusions I have adopted, perhaps hastily, though with a certain conviction of their correctness, viz.:

I. That quinia has no inherent property of stimulating the gravid uterus to contraction; being inert as to any effect upon the womb in a quiescent state, and having no de-

cided action in accidental labors at any period of gestation.

II. That to its property as a general stimulant and promotor of vital energy and functional activity, and to that alone, is due its influence upon the uterus in normal parturition; producing then no action peculiar to itself, but merely increasing the power of the uterus to expel its contents by its own natural method, converting what is a defective or even pathological action into a simple physiological process.

III. That by availing ourselves of this power, we may, by administering full doses of sulphate of quinia at the onset of labor, favor the rapid and safe termination of what might otherwise be a tedious and exhausting work.

RETROVERSION OF THE GRAVID UTERUS—RETENTION OF URINE—RECOVERY.

BY DR. ARTHUR W. EDIS.

From Obstetrical Journal of Great Britain and Ireland, June, 1875.

C. G., aged twenty-five; married five years; mother of two children, youngest two years. Last catamenia three months since. Presented herself in the out-patient department on December 19th, complaining of severe pain in the lower abdomen, with swelling, and inability to hold or pass her water, there being also much difficulty in getting the bowels to act, with much bearing-down pain. The patient was unable to lie on either side, and had been unable to do any work for the last three weeks.

About the beginning of December, on attempting to pass water one evening, she found she was unable; but during the night and the following day, "it came so quick she could not stop it." And since then she had been in a constant state of discom-

fort from the continuous flow of urine. On examination *per vaginam* the pelvis was found to be blocked up by an enlarged retroflexed gravid uterus, at about the third month of utero-gestation. The fundus was low down, pressing on the perineum, and causing a distinct rectocele. The os was hardly to be felt, high up beyond the pubis, above which, externally, a tense, firm, resisting swelling, with indistinct evidence of fluctuation, occupying the centre of the abdomen, and extending up beyond the umbilicus, was detected.

A No. 8 elastic catheter was passed with some difficulty in a vertical direction, and 94 ounces of turbid, ammoniacal urine were drawn off. The patient was then supported in the knee-shoulder position, two fingers of the left hand were passed per

rectum, and the fundus guided round the right side of the promontory of the sacrum, the os descending to the normal position, lowest in the pelvis. A Hodge was inserted, and the patient instructed to relieve the bladder frequently. Ergot, strychnia, and bark were prescribed.

On the 21st she stated that the difficulty in holding her water had returned at 11 P.M. on the 19th, and the urine had run away from her ever since, the Hodge having been forced out the following day. On examination the condition of affairs was the same as when first seen, 86 ounces of turbid urine were drawn off, and the patient lying on the left

side, the uterus was replaced as before, and a larger Hodge inserted.

On the 23d she stated that she had had perfect control over the bladder since the last examination. The uterus was now found to be in its normal position, the os being lowest. Twelve ounces of clear, healthy urine were drawn off to see if there were any further retention; the Hodge was *in situ*.

On the 30th she was seen, and was perfectly comfortable, there being no return of the difficulty in micturition. Hodge *in situ*. She has been seen twice since this, and remains convalescent. Pregnancy advancing normally.

TREATMENT OF ABSCESS OF BREAST BY COMPRESSED SPONGE.—A patient had been suffering from mammary abscess for three weeks, but without any special benefit from treatment in checking the discharge of pus. It was decided to try the effect of compressed sponge, and for this purpose a sponge about ten inches in diameter was subjected to pressure and then applied by means of a bandage over the breast. After it had been in use forty-eight hours the abscess was completely cured. No pain was experienced by the patient, and in this case the opening in the breast was three inches above the dependent part of the abscess. In applying a sponge to the breast in this class of cases, it is found of advantage to compress it when dry. After it is applied to the breast and firmly secured in position, a little water is poured upon it to cause expansion and the necessary pressure.—*Ibid*.

CESAREAN SECTION; MOTHER AND CHILD SAVED.—Dr. Valentinotti reports a case of Cesarean section which was successful for the mother and child. The great interest of the case consisted in the use of an India-rubber cord covered with silk, such as is

found in commerce, for the sutures. Four points of sutures, passing through the entire thickness of the uterine walls, were used. These threads were cut near the knots, and the remainder abandoned in the abdomen. The abdominal parietes were brought together with ordinary sutures. On the thirty-first day after the operation the patient walked about her room. A second interesting feature of the case was the use of chloral for diminishing the pain of the operation. Ten grammes were given in two doses, with an interval of about half an hour. The patient scarcely knew that the operation was taking place, and at its completion slept profoundly.—*Gazz. Obstet. and Giorn. Veneto di Scienz. Med.*, June, 1874.—*Ibid*.

DIAGNOSIS OF OVARIAN DISEASE.—Mr. Spencer Wells called attention, at a recent meeting of the London Pathological Society, to the fact that while extra-ovarian cysts are often radically cured by a single tapping, the cyst contracting and never refilling, true ovarian single cysts are almost certain to fill again. The contents of par-ovarian cysts consisted of little more than pure water.

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
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
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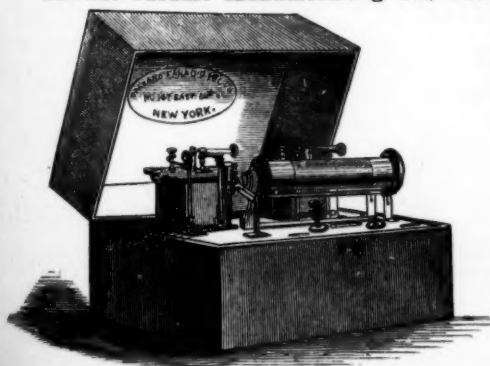
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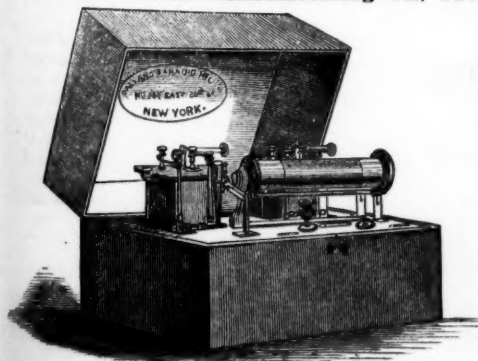
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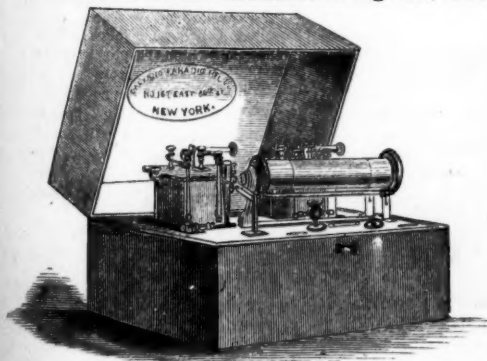
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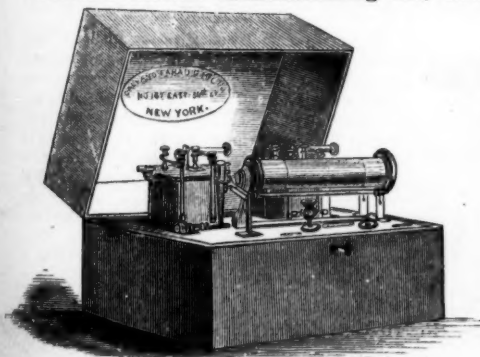
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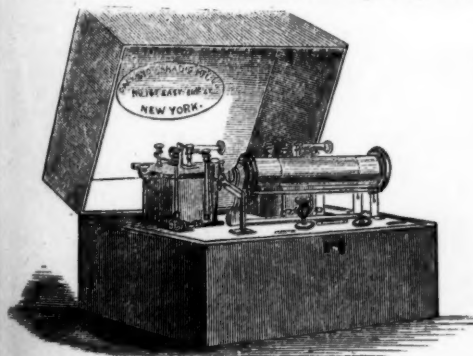
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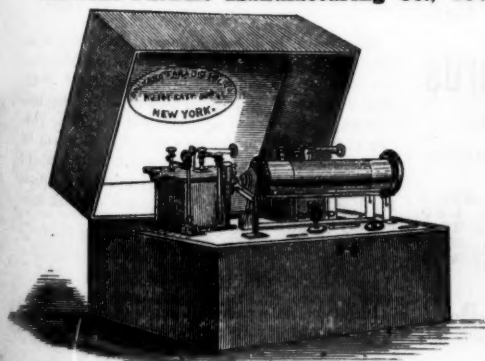
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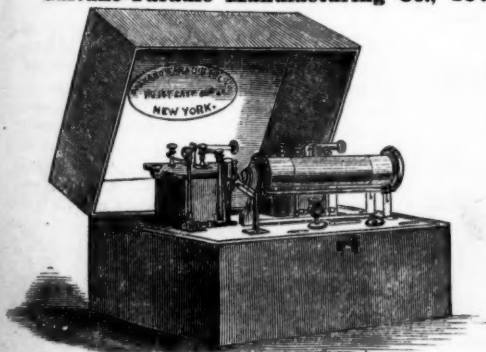
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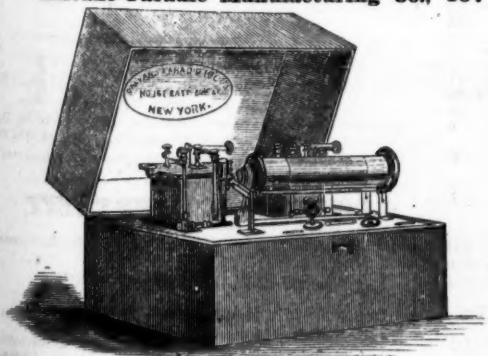
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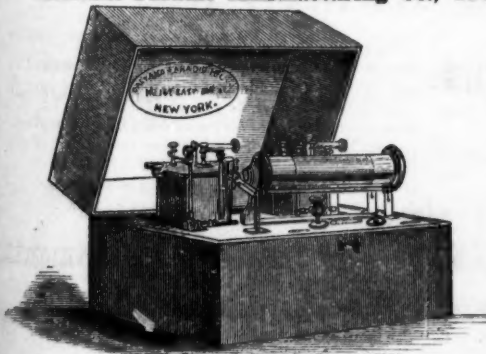
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